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<b>SERIAL NUMBER</b> 10/774,826	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> MIY-P03-006
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/015,114 11/12/2001 PAT 6,752,814 which is a CON of 09/023,965 02/13/1998 PAT 6,423,080 which claims benefit of 60/038,171 02/13/1997 *S.L.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 76	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**

28120

**TITLE**

Devices for minimally invasive pelvic surgery

<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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